

REPORT OF THE  
WEST BERKSHIRE  
INDEPENDENT  
REMUNERATION PANEL

AUGUST 2004

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## **1.0 Introduction**

1.1 The Council, at its Annual meeting on 4 May 2004, considered the latest in a number of reports of the West Berkshire Independent Remuneration Panel making recommendations in relation to Members Allowances.

1.2 In approving the Panel's report, the Council also asked the Panel to consider the introduction of a Special Responsibility Allowance for the Chairman of the Health Scrutiny Panel.

## **2.0 Membership of the Panel**

2.1 Under the Local Authorities (Members' Allowances) (England) Regulations 2003 (as amended) the Council is required to ensure that the composition of the Panel meets the following requirements:

- (a) The Panel should consist of at least three members.
- (b) The Panel members cannot be members of any local authority in respect of which that Panel makes recommendations. Anyone who would be disqualified from being elected an elected member of a local authority is also disqualified from being a member of the Panel.
- (c) The members of the Panel cannot also be members of a Committee or Sub-Committee of an authority in respect of which the Panel makes recommendations. This includes Co-opted members and members of the Standards Committee.

2.2 Based on the above requirements, the membership of the Panel is as follows:

Mr Jeffery Greenwell	A former Chief Executive of Northamptonshire County Council
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Reverend Moira Astin	Team Vicar, Thatcham
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Mr Geoffrey Mayes	Chartered Civil Engineer
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## **3.0 Terms of Reference**

3.1 The Panel's remit for this review was therefore to assess whether the work of the Health Scrutiny Panel warranted the payment of a Special Responsibility Allowance for its Chairman.

## **4.0 Method of Working**

4.1 The members of the Panel agreed to undertake this review "remotely" rather than meet on a formal basis given the difficulties of synchronising diaries and having regard to the fact that the Panel had already met in person in April.

## **5. Factors Leading to Our Recommendation**

- 5.1 In preparing our recommendation we have again given careful consideration to the Local Authorities (Members Allowances) (England) Regulations 2003 (as amended) and to the reviews previously undertaken in 2001, 2002, 2003 and 2004. We have also taken account of the report submitted to Council in May of this year.
- 5.2 Under the Health and Social Care Act 2001 Local Authorities have the power to scrutinise health issues and services. This provides an opportunity to further develop partnership working across local government and the NHS to tackle health concerns and health inequalities. Health scrutiny can provide a mechanism to increase links between local communities and health related services across the NHS, local government and other partners.
- 5.3 The aim of health scrutiny is to act as a lever to improve the health of local people. Its focus should be on health improvement in the widest sense, building on the power of local authorities in the Local Government Act 2000 to promote social, economic and environmental well-being as well as the power to scrutinise local services provided and commissioned by the NHS.
- 5.4 The Health and Social Care Act 2001 and the associated regulations grant local authorities formal powers in relation to local NHS bodies, including Strategic Health Authorities, Primary Care Trusts and NHS Trusts of all kinds. The new power of health scrutiny enables Committees to review and scrutinise any matters relating to the planning, provision and operation of health services within the local authority area. The focus should be on ensuring that the health needs of local communities are being met, rather than managing the performance of the NHS.
- 5.5 It is essential that health scrutiny is linked to scrutiny of local authority services and actions that relate to those factors which determine health and well-being – for example, housing, the environment, transport and education. The health improvement and modernisation plan (HIMP), the community plan and the public health report are key strategic plans which will help to guide the work of the Health Scrutiny Panel.

## **6. The Powers of Health Scrutiny**

- 6.1 The powers of Health Scrutiny Committees are very extensive and extend beyond those associated with overview and scrutiny arrangements established under the Local Government Act 2000. Health Scrutiny Committees:
- (i) have the power to refer issues of concern direct to the Secretary of State for Health.
  - (ii) are able to report direct to NHS bodies.
  - (iii) must be consulted about any substantial NHS service development in the local authority area.
  - (iv) receive matters of concern from the new patients' forums currently being established by the NHS.
  - (v) are able to set up joint scrutiny arrangements with other local authorities.

(vi) are encouraged to work closely with local health service providers and the public.

6.1 Health Scrutiny “Committees” have in effect replaced Community Health Councils and therefore their primary focus is in analysing the impact of decisions taken about the health economy locally and for communicating with the public about these impacts.

## **7. The Council’s Response**

7.1 The Community Care and Housing Select Committee’s terms of reference are currently as follows:

(i) The provision of welfare services across West Berkshire.

(ii) The provision, planning, management and performance of social health care and housing services, including services for elderly persons and those with mental health problems and learning difficulties in West Berkshire; and the holding to account of the NHS where it affects the residents of West Berkshire.

(iii) To oversee Best Value Reviews which relate to the remit as outlined above.

7.2 The Panel has been advised that at its meeting in September 2003 and in pursuance of its powers to “hold to account the NHS”, the Community Care and Housing Select Committee established a Health Scrutiny Task Group with the following terms of reference.

(i) To consider the way in which the commissioning and delivery of healthcare services locally: facilitates the health and well-being of the community of West Berkshire, contributes to health improvement and reduces inequalities.

(ii) To ensure that the needs and wishes of all the population (including socially excluded groups) for health and health related services have been identified.

(iii) To ensure that all services which have an impact on the health of local people are accessible to, and can be accessed by, all parts of the local community.

(iv) To determine whether the outcomes of intervention are equally good for all groups and sections of the local population.

(v) To scrutinise any proposed significant changes to local health service provision and assess the impact of these on local people.

(vi) In any review the Task Group will make as great an effort as possible to seek and take account of the views of residents of West Berkshire and will work with stakeholders and providers in formulating its recommendations.

## **8. Proposal**

8.1 The Panel notes that the Council’s powers in relation to health scrutiny are taken from the Health and Social Care Act 2001 and not the Local Government Act 2000 which

requires the Council to establish “general” overview and scrutiny arrangements and led to the creation of four Select Committees based on the service groupings of the Council. Reports from the Select Committees, because of their focus (Freight in the District, Flooding etc) have, to date, been referred direct to the Executive for consideration and decision.

- 8.2 It is clear that health scrutiny is a cross cutting function. It is not about the Community Care and Housing portfolio any more or any less than it is about the Children and Young People or Environment and Public Protection portfolios. Equally the outputs from health related reviews should be of interest to all Members not only those who serve on a particular Select Committee. For this reason it is noted that the Health Scrutiny Panel which will report direct to Council. It is also noted that the Health Scrutiny Panel anticipates meeting on a 3 weekly cycle when undertaking reviews.
- 8.3 The Panel is aware that guidance associated with the 2003 Regulations permits Special Responsibility Allowances (SRA) to be paid where “membership of a Committee or Sub-Committee meets with exceptional frequency or for exceptionally long periods”. In the case of the Health Scrutiny Panel it is clear that an SRA would be appropriate based on the frequency of meetings criteria.
- 8.4 The Panel notes that a Chairman of a Select Committee currently receives an SRA of £3,187 (plus index linking) and feels that the Chairman of the Health Scrutiny Panel should receive an appropriate allowance based on the responsibilities set out in this report. The Panel would therefore recommend the introduction of an SRA in the sum of £2,125 (plus index linking) or £2,199 at April 2003 rates which is comparable to that paid to the Chairmen of Area Planning Sub-Committees whose meetings are every 6 weeks. This allowance also helps to recognise the work of the Health Scrutiny Panel and particularly the role the Chairman will play. It also distinguishes between the role of a Panel and a full Select Committee.

## **9 Recommendation**

- 9.1 That the Council considers the introduction of an SRA for the Chairman of the Health Scrutiny Panel in the sum of £2,125 with effect from 4 May 2004.

## **11. Chairman’s Conclusion**

11. I would like to thank my fellow members of the Panel for their willingness to reconvene again, on a voluntary basis, and for the unanimity of their recommendations to the Council. Once again the panel is indebted to Andy Day for the clarity of his advice and for drafting our report.

